

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000023520

**Entity Name:** TOM ALAN REPAIRS, INC.

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

409 SE 2ND ST.  
DEERFIELD BCH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5032  
DEERFIELD BCH, FL 33442 US

**New Mailing Address:**

**FEI Number:** 65-0990255

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLAN, TOM  
409 SE 2ND ST.  
DEERFIELD BCH, FL 33441 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSVT  
Name: ALLAN, TOM  
Address: 409 SE 2ND ST.  
City-St-Zip: DEERFIELD BCH, FL 33441

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TOM ALAN

PRES

03/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date